

Name  
in  
Full

Samuel Bass

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

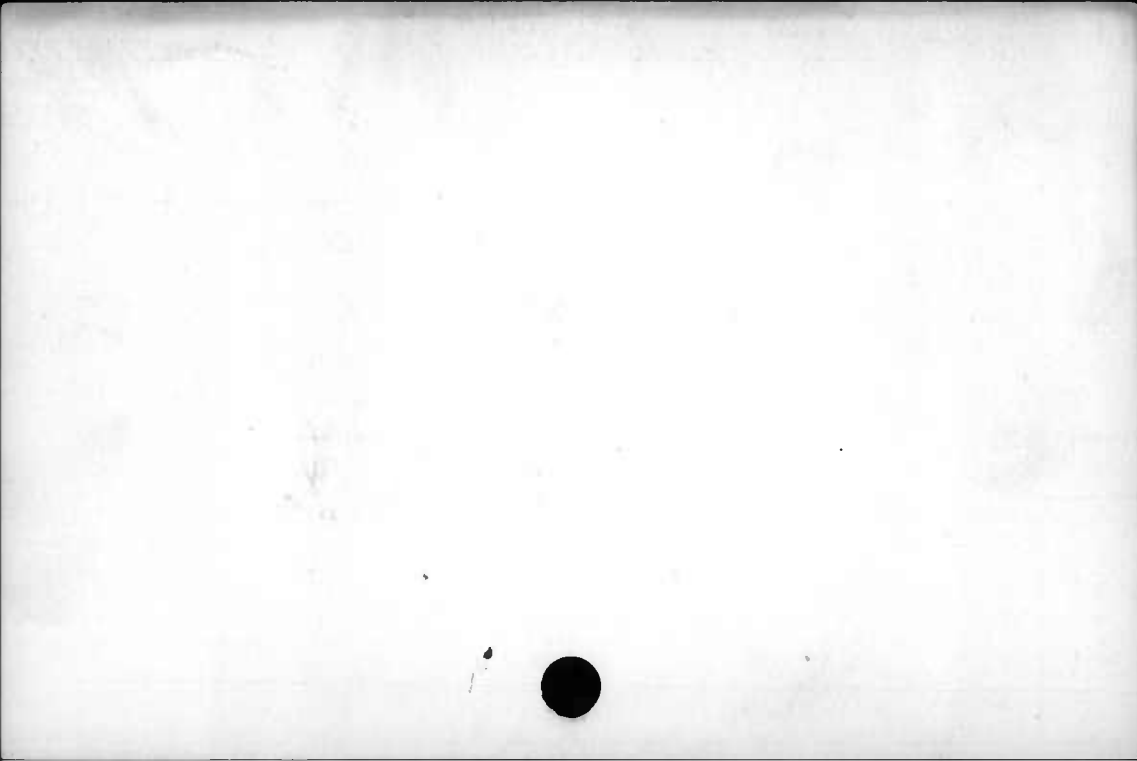
Died at <i>Port-Detroit</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>67</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>			
Occupation <i>Not any</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>John Bass</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Hannah Taylor</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Edward Bass</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Blood clot on Brain.</i>	How long <i>1. month</i>
Immediate <i>Paralysis.</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. D. Clemens</i>
	Address <i>Port Detroit</i>
Accident or Suicide?	



Name  
in  
Full

Benjamin R Boyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *North East* Town*Cecil* County

MARYLAND

Date of death *1907* Month *November* Day *12*Age *76* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Valley Forge*Occupation *Iron worker*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *John R. Boyer*Father's Birthplace *Penna*Mother's Maiden Name *Mary Rapp*Mother's Birthplace *Valley Forge*Name of person giving information *Mrs M. G. Walters*How related to deceased *Sister*

## CAUSES OF DEATH

1120

Primary

*Uremic Poisoning*

How long

*2 1/2 months*

Immediate

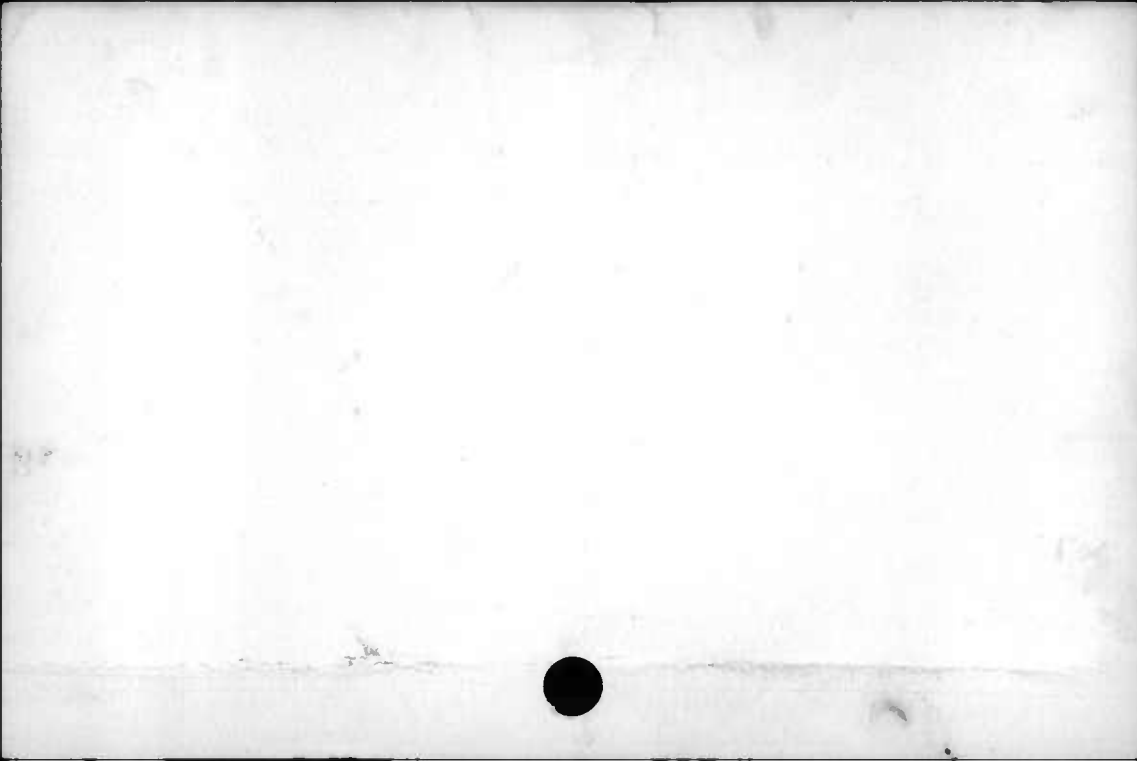
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*D. H. Anderson*  
*N. E. ...*

Accident or Suicide?



Name

In Full

Thomas E Deuke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

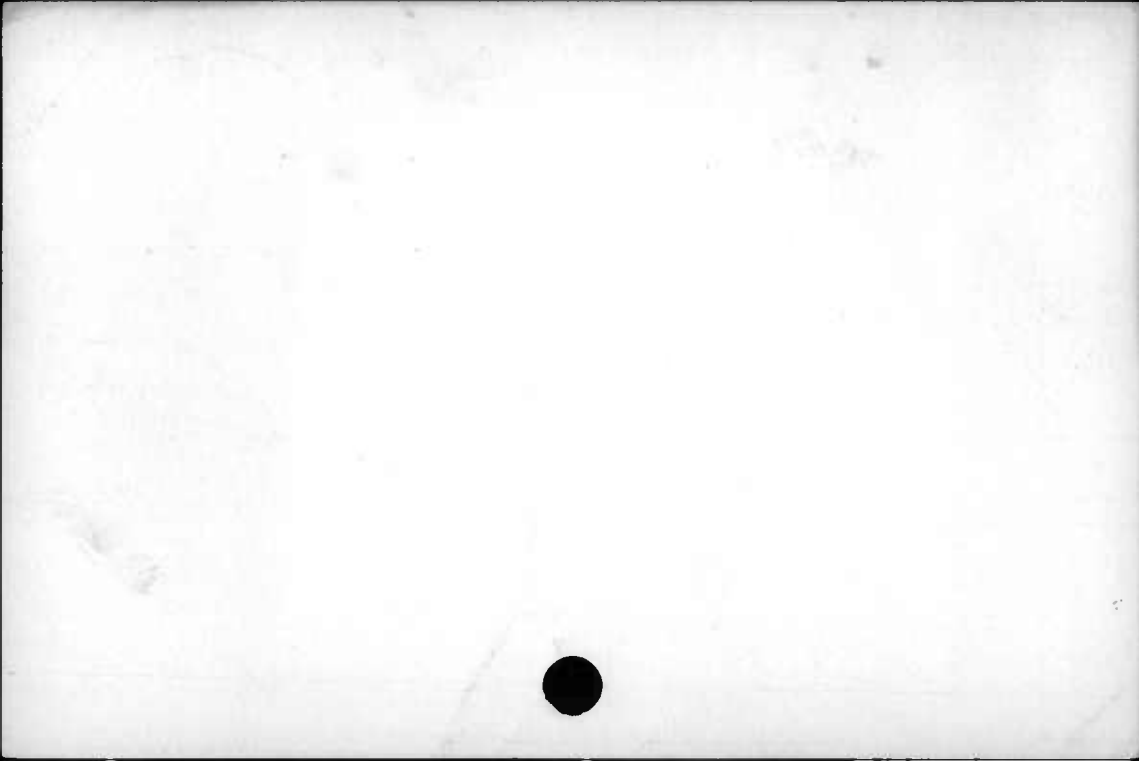
Died at <i>Port Deposit</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup> <i>Nov</i>	<i>28</i> <sup>Day</sup>	Age <i>62</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Harford County</i>			
Occupation <i>Quarryman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Deuke</i>				
Father's Name <i>Philip Deuke</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Ellen Carley</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Ellen Deuke</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Nervous Depression</i>	How long <i>6 yrs</i>
Immediate <i>Inanition &amp; Bed Sores</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Brown M.D.</i>
	Address <i>Port Deposit Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Friedrich B. Egee

## CERTIFICATE OF DEATH

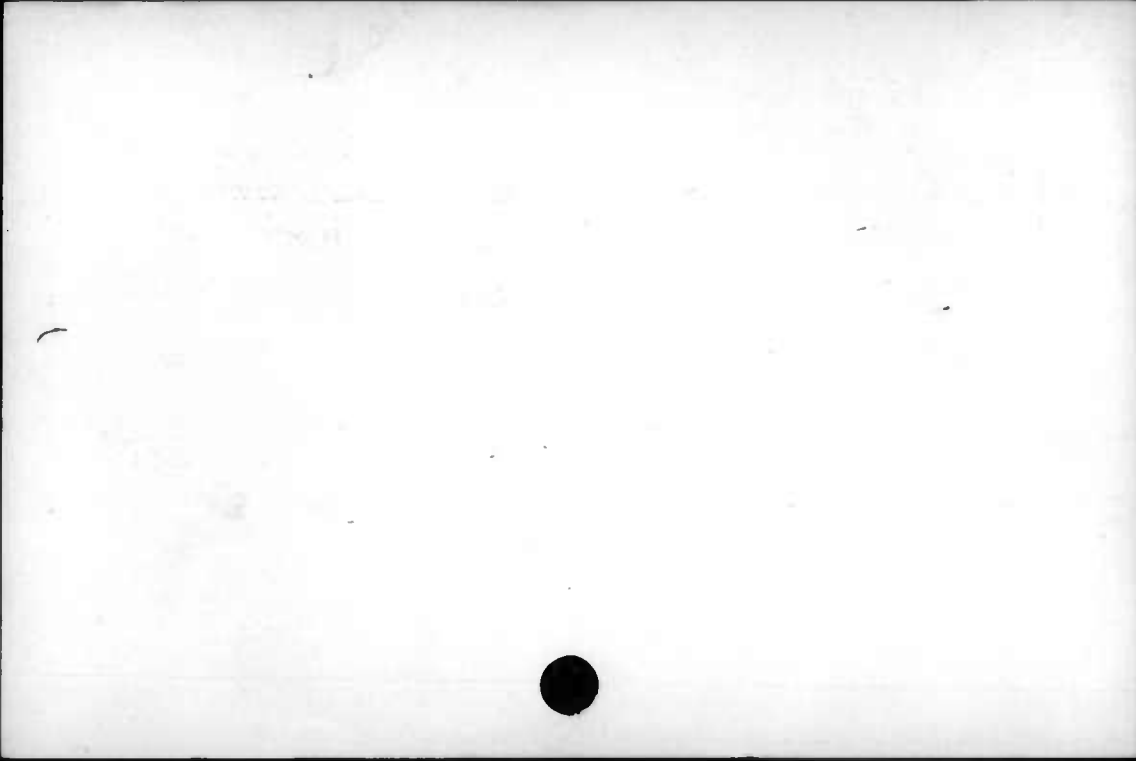
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Olusabata City</i> <sup>Town</sup> <i>Greil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>28</i>	Age <i>57</i> Years <i>9</i> Months <i>28</i> Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Penn.</i>	
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>Penn.</i>		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>Mary Emma Egee</i>		
Father's Name <i>Joseph Egee</i>	Father's Birthplace <i>Penn.</i>		
Mother's Maiden Name <i>Mary Clark</i>	Mother's Birthplace <i>Penn.</i>		
Name of person giving information <i>Mary E. Egee</i>	How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>22 days</i>
Immediate <i>Peritonitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>	Signature of Physician <i>Oliver B. Laws M.D.</i>
	Address <i>Olusabata City, Md.</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER



Name in Full <b>Mary Sickey</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Chesapeake City</b> Town		<b>Orise</b> County
	Date of death <b>1907</b> Month <b>Nov.</b> Day <b>7</b>		Age <b>53</b> Years
	Sex <b>Female</b>		Color or Race <b>White</b>
	Occupation <b>Straw twine</b>		Where Residing if not at place of death
	Married, Single or Widowed		Name of Wife or Husband <b>Joseph Sickey (Deceased)</b>
	Father's Name <b>Joseph Thompson</b>		Father's Birthplace <b>England</b>
	Mother's Maiden Name <b>Agnes Scholer</b>		Mother's Birthplace <b>England</b>
Name of person giving information <b>Mrs Rachael Lortless</b>		How related to deceased <b>Natal</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<b>Pulmonary Tuberculosis</b>	How long <b>about 3 yrs.</b>
	Immediate	<b>Pulmonary Tuberculosis</b>	How long
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Clifton G. Lacey M.D.</b>
			Address <b>Chesapeake City Md.</b>
	Accident or Suicide?		



Name  
in  
Full

None

## CERTIFICATE OF DEATH

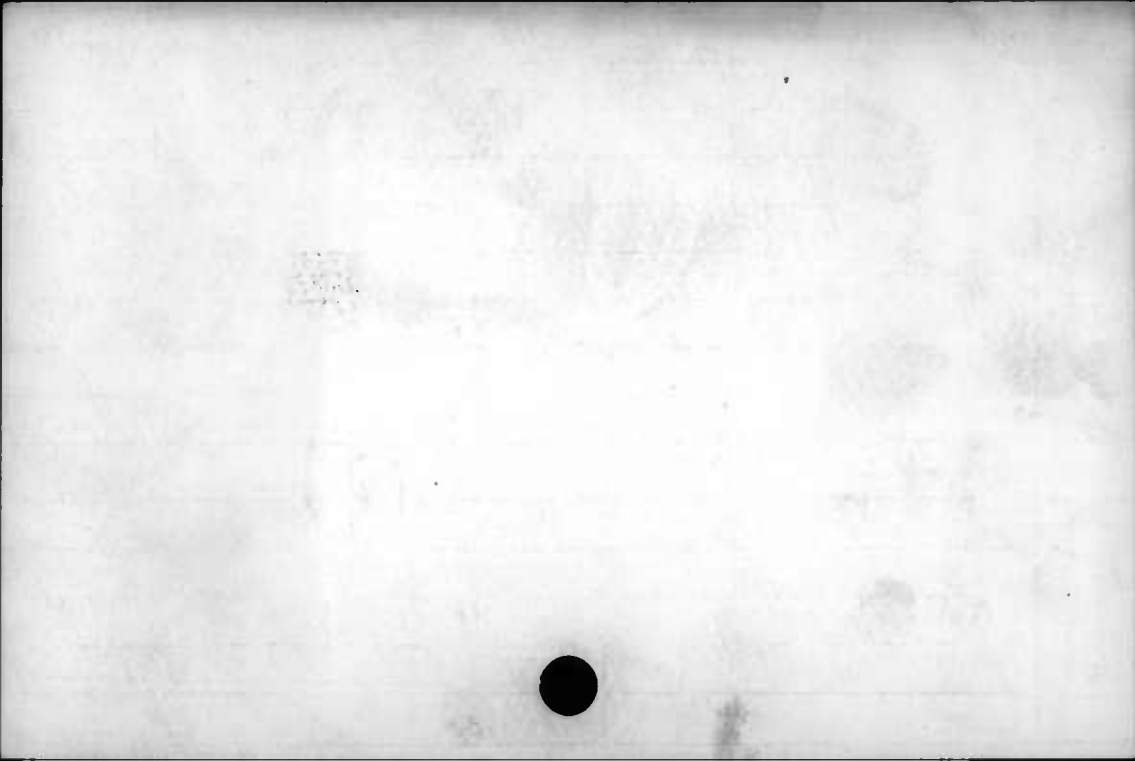
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1907		Month 11	Day 16	Age	Years Stillborn	Months	Days
Sex Female		Color or Race Colored		Birth-place Port Deposit			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Elmer Griffin				Father's Birthplace Port Deposit			
Mother's Maiden Name Annie Bowen				Mother's Birthplace Harps Co			
Name of person giving information Geo Jones				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J P Brown
yes	Address Port Deposit Md
Accident or Suicide?	



Name  
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Flora Belle Huse

## CERTIFICATE OF DEATH

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NEAREST FRIEND

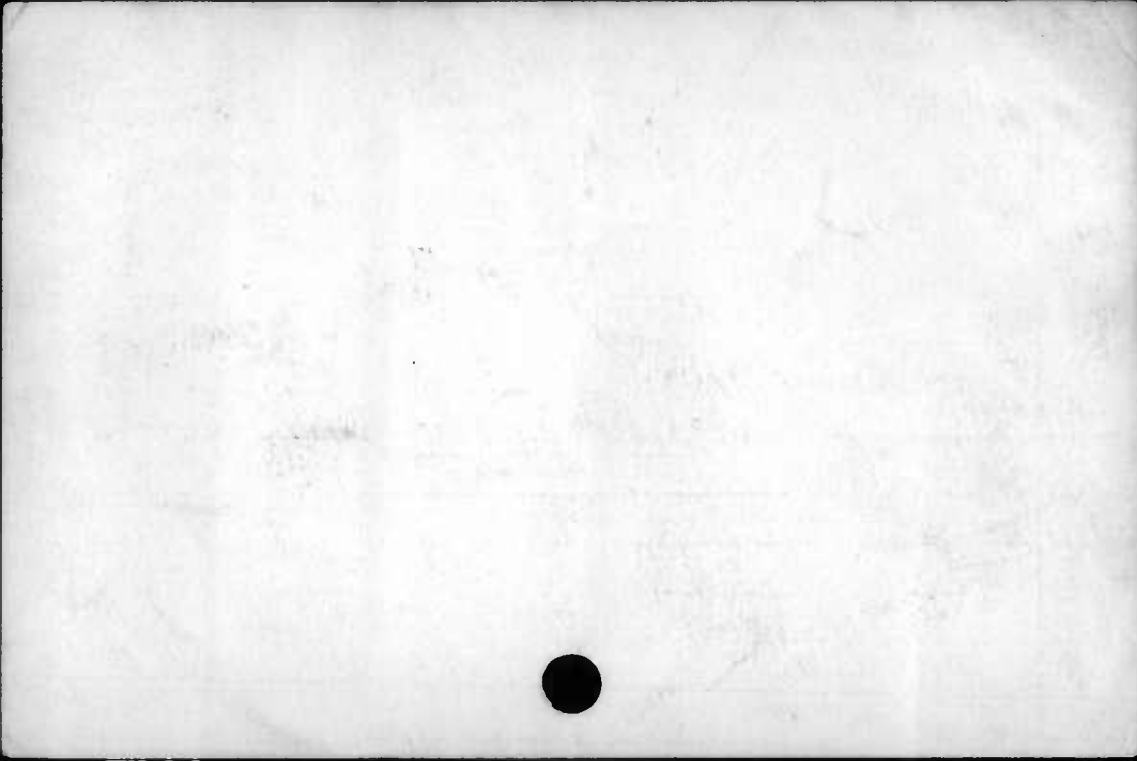
Died at <u>Pilot</u> <sup>Town</sup>		<u>Beaulieu</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>23</u>	Age	Years <u>2</u>	Months <u>4</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birthplace <u>Pilot</u>			
Occupation <u>new Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mr</u>				
Father's Name <u>William J Huse</u>	Father's Birthplace <u>Beaulieu</u>				
Mother's Maiden Name <u>Saura Bell Ritchey</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Laura B Huse</u>	How related to deceased <u>mother</u>				

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <u>Catastrophic Pneumonia</u>	How long <u>5 wks.</u>
Immediate <u>Convulsion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr M Fagan M.D.</u>
	Address <u>Conowingo Md.</u>
Accident or Suicide? <u>f</u>	



Name  
in  
Full

CERTIFICATE OF DEATH

*F Taylor Fanner*

TO BE ANSWERED BY  
NEAREST FRIEND

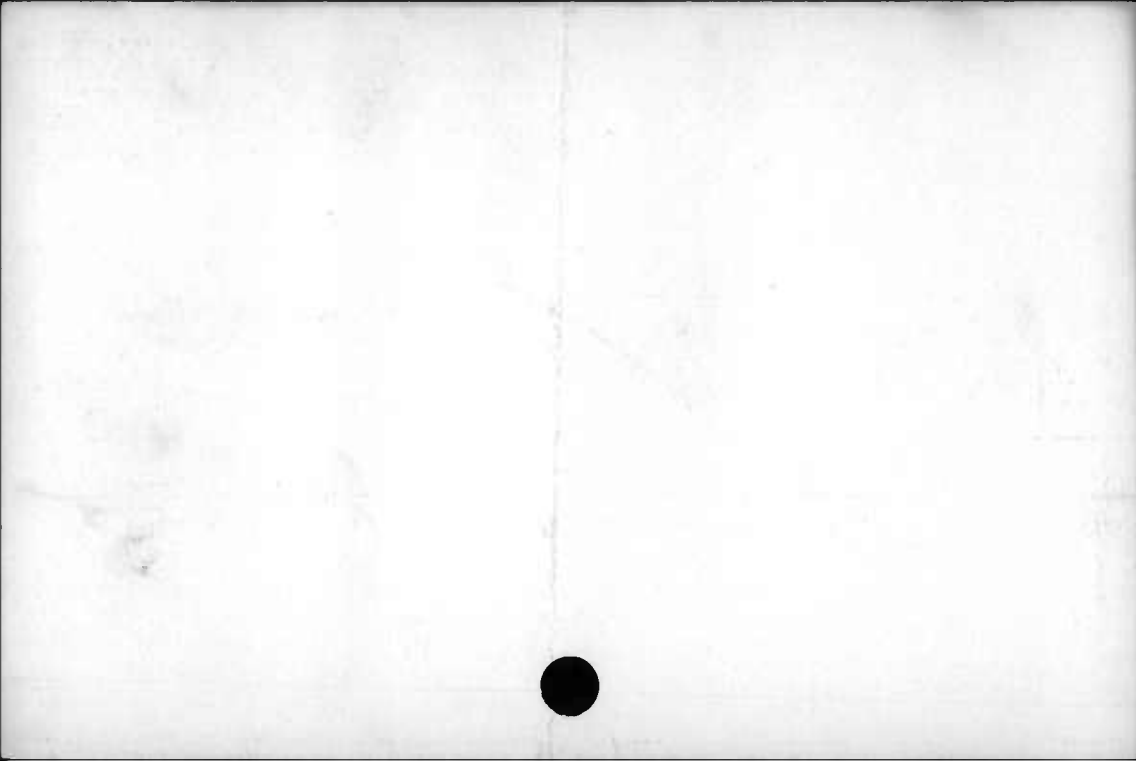
Died at <i>North Bay View</i> <i>Cecil</i> County		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i> <i>Nov</i> <i>29</i>	Age <i>74</i>	Month <i>9</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bay View</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charlotte Fanner</i>		
Father's Name <i>Jesse Fanner</i>	Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Maria Taylor</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Anna Reed</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. H. Hunsicker</i>
	Address <i>North End</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pleasant Hill</i>		Town <i>Pleasant Hill</i>		County <i>Becil</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>13</i>	Years <i>6</i>	Months <i>13</i>	Days <i>13</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant Hill</i>				
Occupation <i>Antony</i>	Where Residing if not at place of death <i>Pleasant Hill</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Bennett T. Malin</i>	Father's Birthplace <i>Delaware</i>						
Mother's Maiden Name <i>Katie Elizabeth Anderson</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Katie Elizabeth Anderson</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Brecho-Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. P. Corcoran M.D.</i>
	Address <i>Cherry Hill, Md.</i>
Accident or Suicide?	

190



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

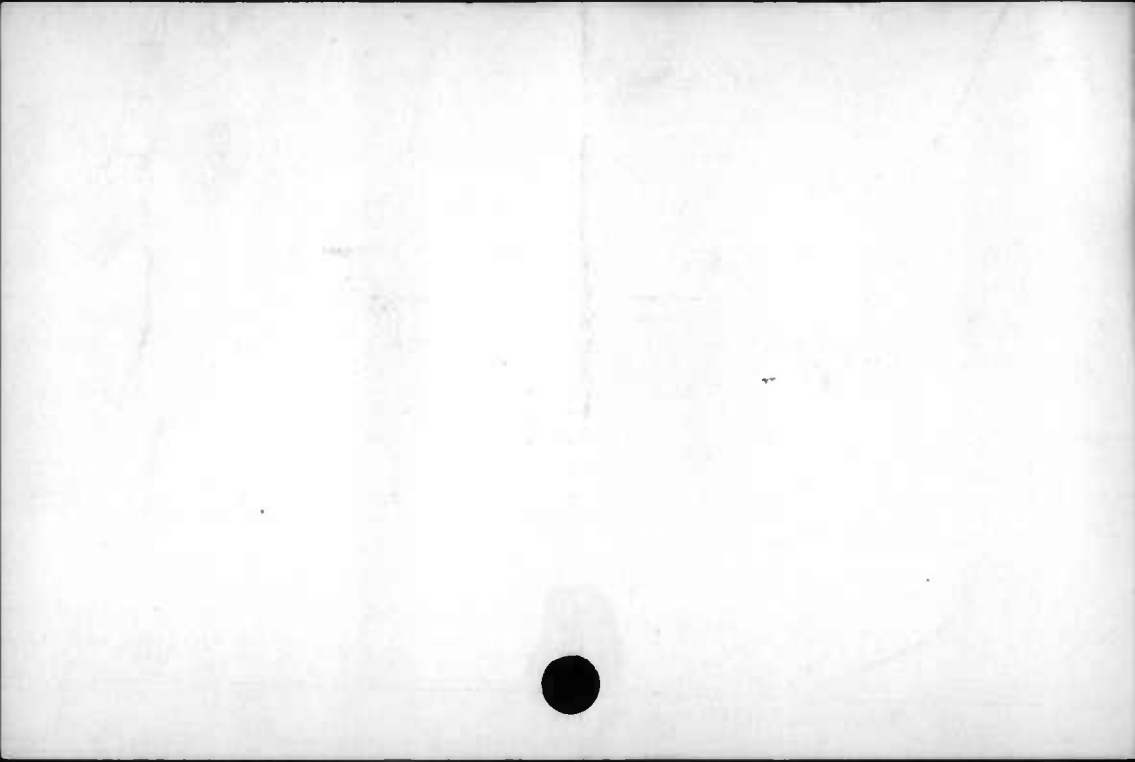
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov	1st	21			24
Sex		Color or Race		Birth-place			
male		Colored		Charles Co. Pa			
Occupation		Where Residing if not at place of death					
Laborer		West Charles Pa					
Married, Single or Widowed		Name of Wife or Husband					
married		Nancy P. Miller					
Father's Name		Father's Birthplace					
Jacob A. Miller		Virginia					
Mother's Maiden Name		Mother's Birthplace					
Rachel V. Scott		Georgetown Md					
Name of person giving information		How related to deceased					
Jacob A. Miller		Father					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Bright Disease	How long	6 mo
Immediate	Exhaustion	How long	1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ernest Rowland	
		Address	
		Liberty Grove Md	
Accident or Suicide			



Name  
in  
Full

Rebecca Morse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elkton</u> Town		<u>Cecil</u> County		STATE OF <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>11</u>	Day <u>13</u>	Years <u>43</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Elkton Md</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Stephens</u>				
Father's Name <u>Richard Morse</u>	Father's Birthplace <u>Elkton Md</u>				
Mother's Maiden Name <u>Martin Egan</u>	Mother's Birthplace <u>Balti Md</u>				
Name of person giving information <u>Annie Morse</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u>	How long <u>2 wks</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Arthur Mitchell MD</u>
		Address <u>Elkton Md.</u>
Accident or Suicide? <u>—</u>		

unseen

Name  
in  
Full

Clifton R. Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

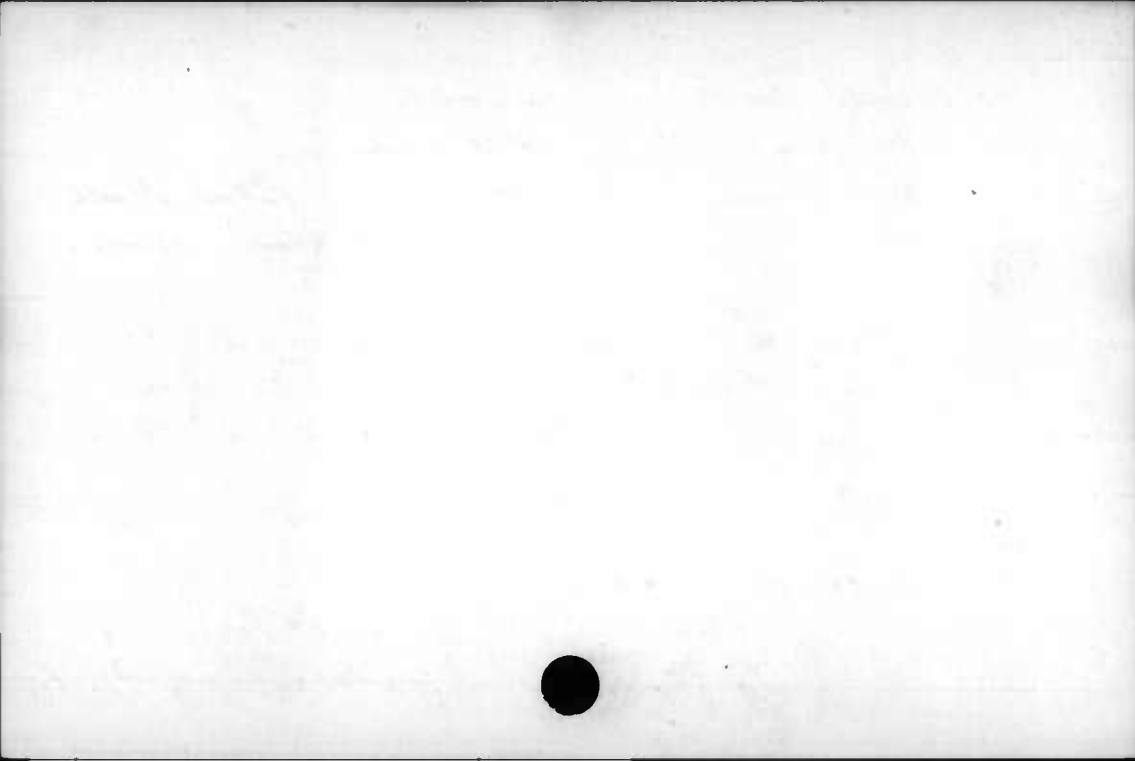
Died at <i>Chesapeake City</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1907	Month	Nov.	Day	2nd	Years	
Sex	male	Color or Race	white	Age		Months	25
Birth-place	<i>Chesapeake City Md</i>						
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>George Reed</i>			Father's Birthplace		<i>md</i>	
Mother's Maiden Name	<i>Rosa Custer</i>			Mother's Birthplace		<i>md.</i>	
Name of person giving information	<i>Geo Reed</i>			How related to deceased		<i>Father</i>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth.</i>	How long	
Immediate	<i>Acute Inanition</i>	How long	<i>2 to 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Clifton B. Lantz M.D.</i>
		Address	<i>Chesapeake City</i>
			<i>md.</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

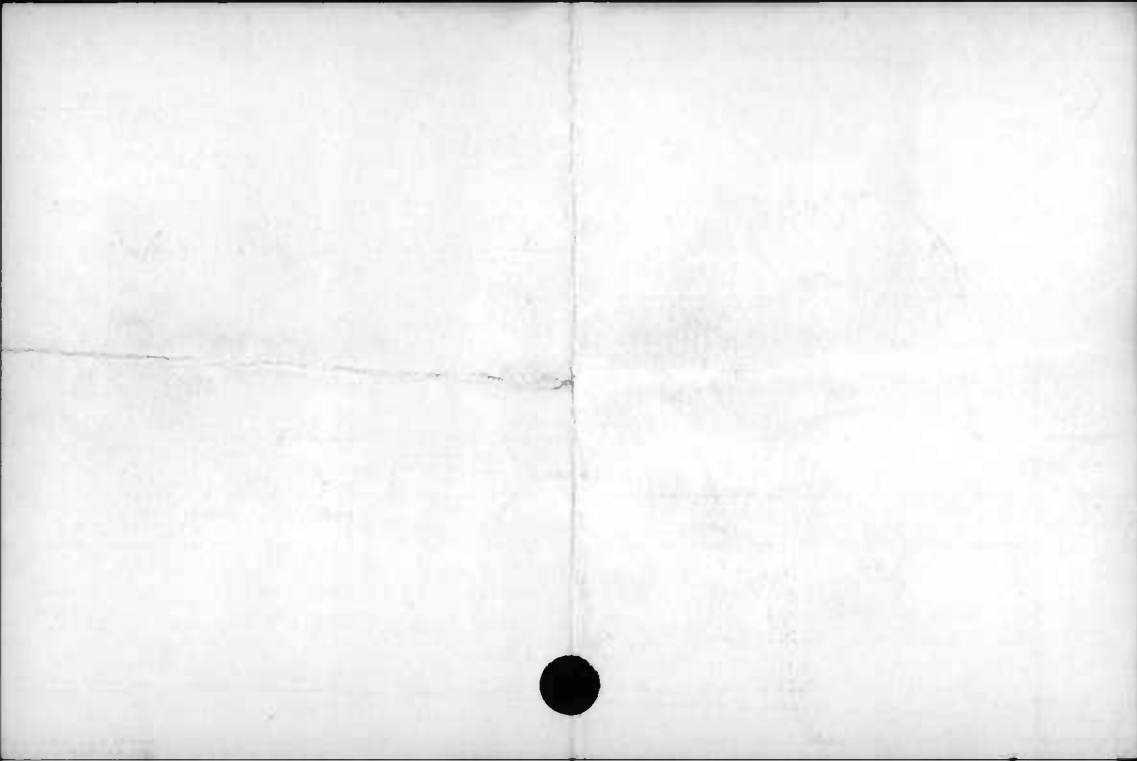
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blue Ball</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>28</i>	Age <i>Still born</i>	Months	Days
Sex <i>White Female</i>	Color or Race <i>White</i>	Birth-place <i>Blue Ball</i>			
Occupation _____		Where Residing if not at place of death <i>Blue Ball.</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>John E. Reynolds</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Lillian Weaver</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>John E. Reynolds</i>		Relationship to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still-born malformation</i>	How long _____
Immediate	<i>ic</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Chas. F. Miller</i>
		Address <i>North East, Md.</i>
Accident or Suicide? _____		



Name  
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Full

William C. Richardson

CERTIFICATE OF DEATH

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NEAREST FRIEND

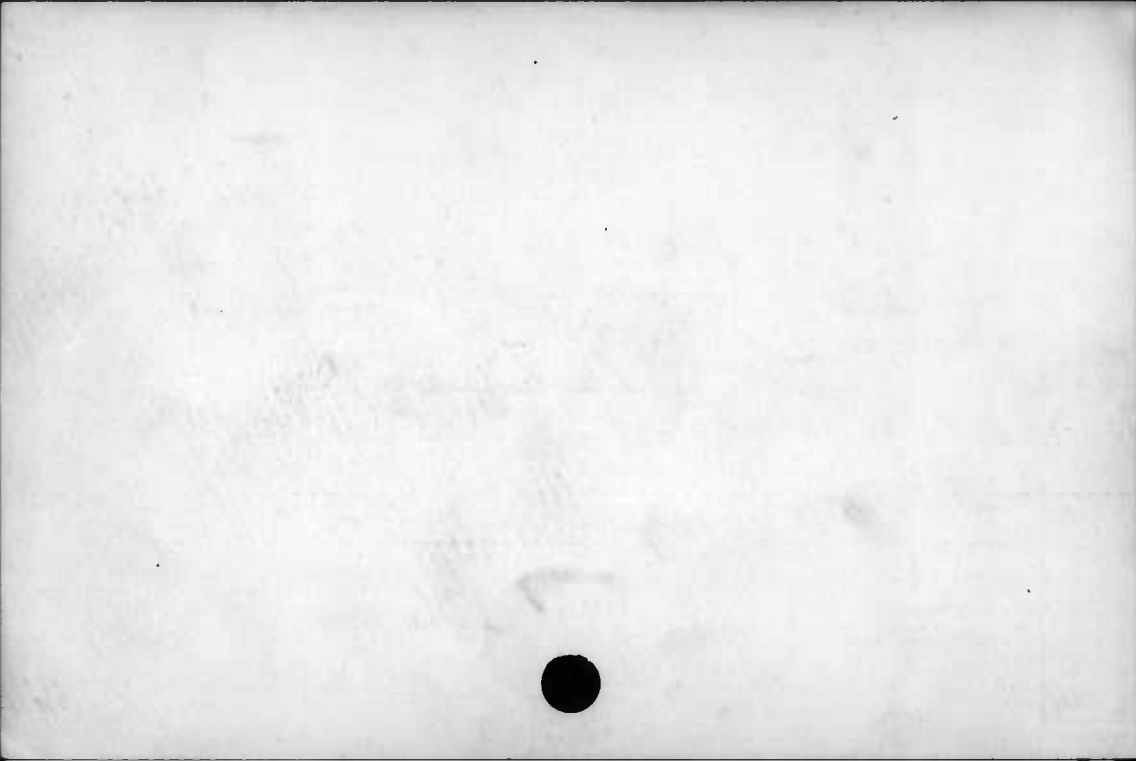
Died at		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1907	Month <i>Nov.</i>	Day <i>5</i>	Years <i>62</i>	Age	Months <i>—</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Cecil Co.</i>
Occupation	<i>Labor</i>			Where Residing if not at place of death <i>— — —</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Pauline Johnson</i>			
Father's Name	<i>Edward Richardson</i>				Father's Birthplace	<i>Cecil Co.</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Mrs Anna Ford</i>				How related to deceased	<i>None</i>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease,</i>	How long	<i>Year</i>
Immediate	<i>Uremia poisoning</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. M. Strong</i>	
<i>J</i>		Address <i>Perryville</i>	
Accident or Suicide?			



Name  
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## CERTIFICATE OF DEATH

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NEAREST FRIEND

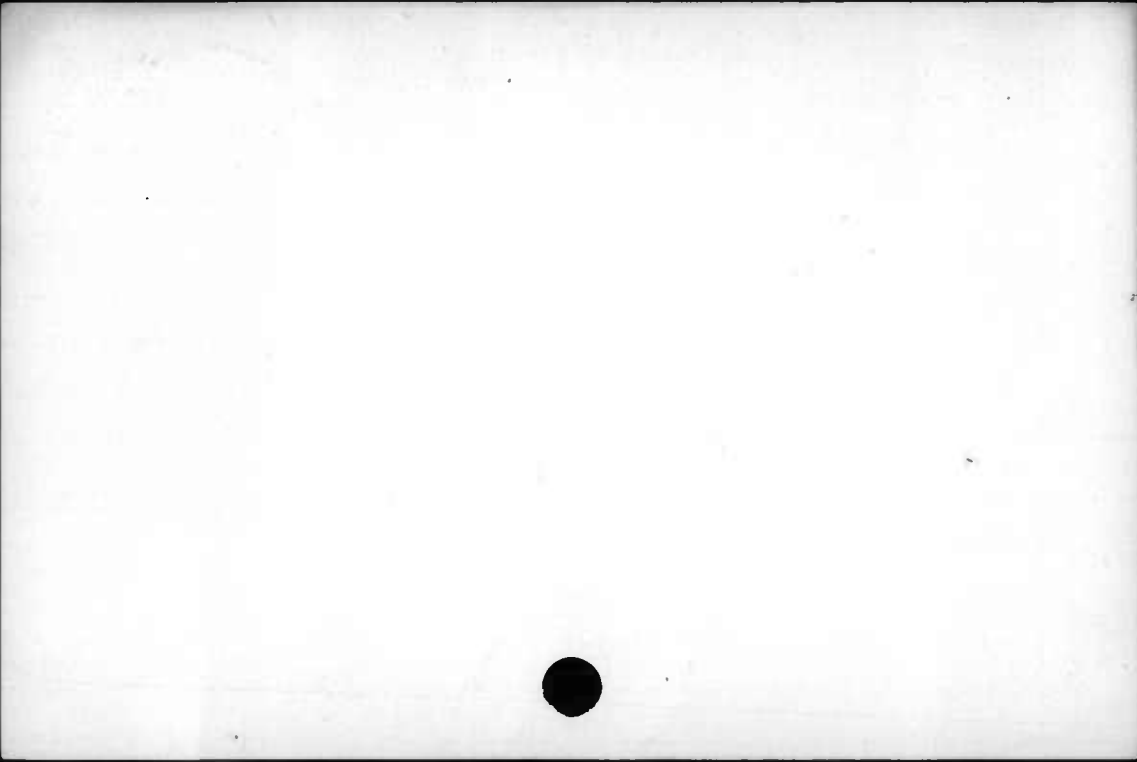
Died at <i>Principio Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1907 Nov 16</i>		Age <i>69</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Principio Furnace</i>			
Occupation <i>Not any</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa Rutter</i>				
Father's Name <i>Richard Rutter</i>	Father's Birthplace <i>Cecil Co.</i>				
Mother's Maiden Name <i>Elizabeth Jackson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Louisa Rutter</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>14 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo M. Stump</i>
<i>[Signature]</i>	Address <i>Perryville Md</i>
Accident or Suicide?	



Name  
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Full

Phinias D. Sentman

## CERTIFICATE OF DEATH

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NEAREST FRIEND

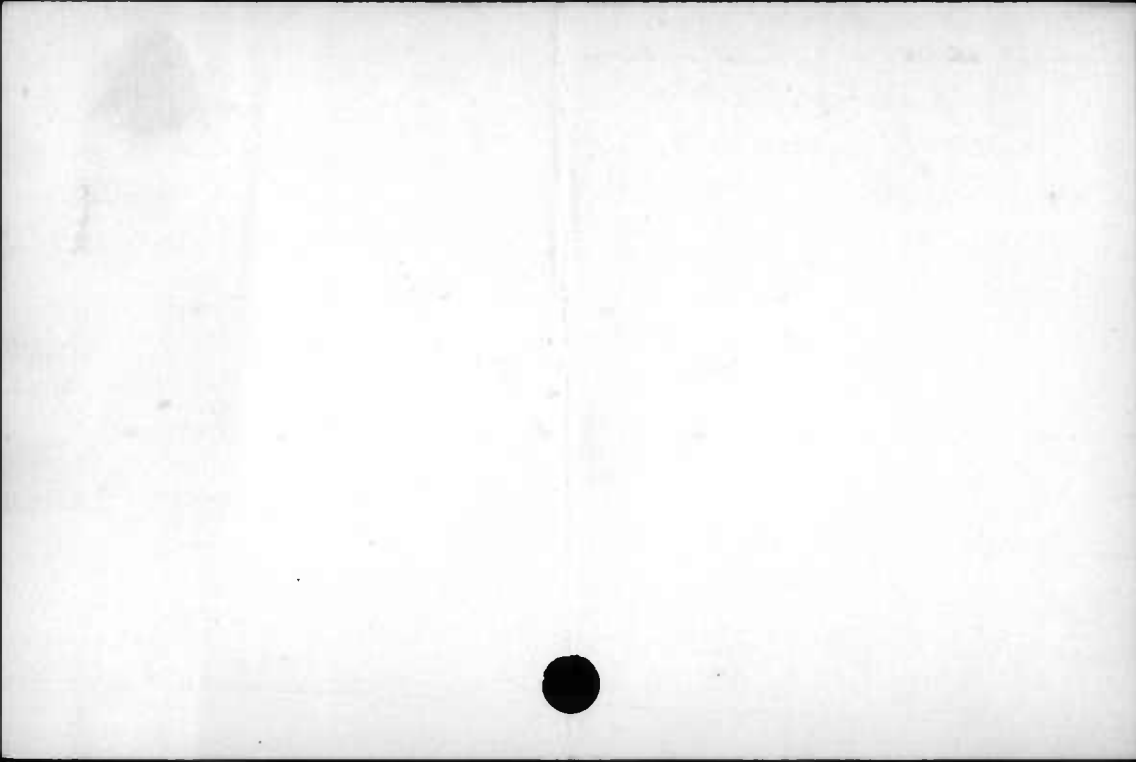
Died at <i>Principio</i> Town		County <i>Cecil</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>21</i>	Age <i>72</i>	Years	Months Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Pennsylvania</i>			
Occupation <i>Iron Worker</i>	Where Residing if not at place of death <i>Jackson, Cecil Co. Md</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Michael Sentman</i>	Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Adeline Welsh</i>	Mother's Birthplace <i>Penna.</i>				
Name of person giving information <i>Hulton Sentman</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Killed by a train on the</i>	How long
Immediate <i>P.B. and W. Rail Road</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard Nelson</i>
Address <i>Corona of Cecil County, Eklon, Maryland</i>	
Accident or Suicide? <i>Accident</i>	



Name  
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Chas W Stricker

CERTIFICATE OF DEATH

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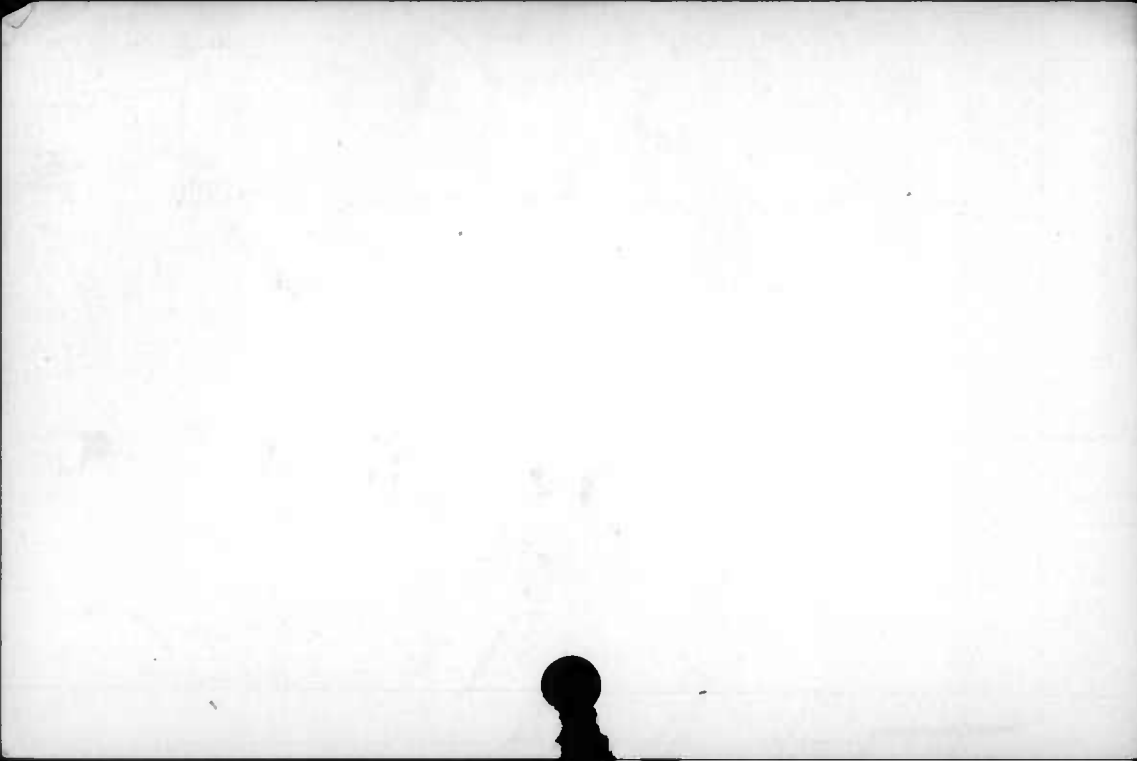
Died at <i>Perryville</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>21</i>	Age <i>70</i>	Years	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co Md</i>				
Occupation <i>Not any</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E Stricker</i>						
Father's Name <i>Jacob Stricker</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Mary Day</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Mary E Stricker</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>7 yr</i>
Immediate <i>Uremia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo W Stricker</i>
	Address <i>Perryville Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Margaret Terry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

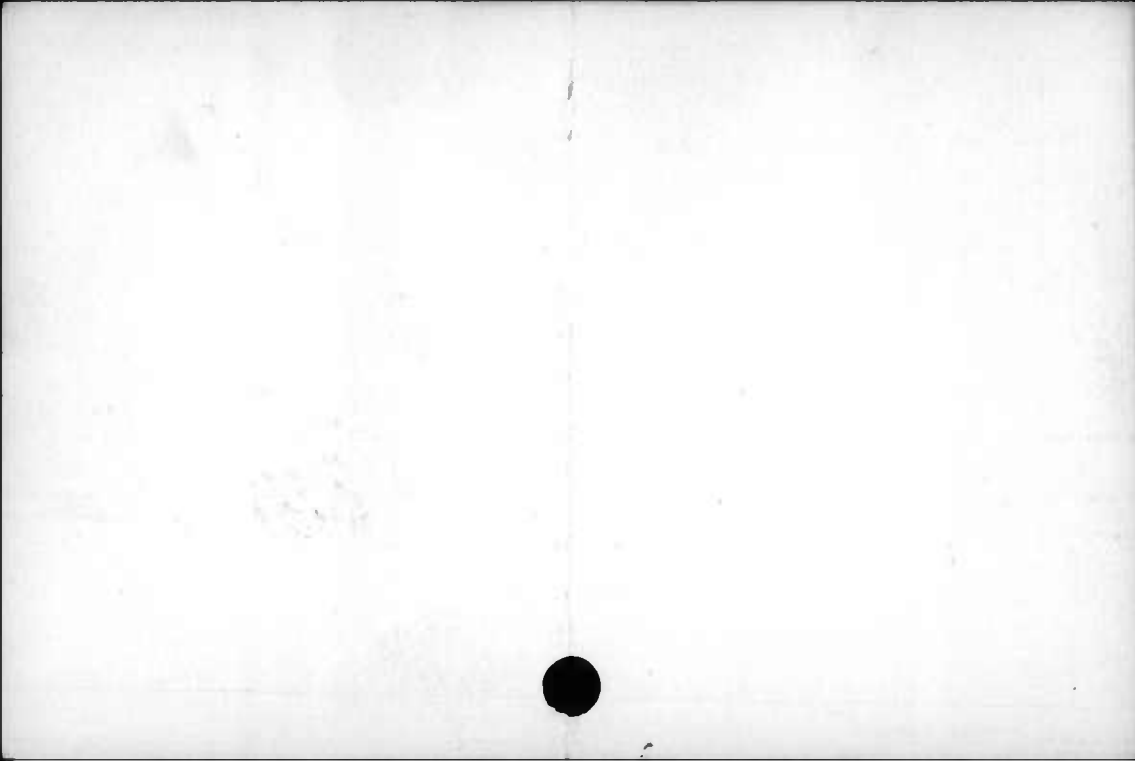
Died at <i>Bay view</i>		Town <i>Bay view</i>		County <i>Q. C.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Nov</i>	Day <i>25</i>	Age <i>84</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>do your home</i>		Where Residing if not at place of death <i>Bay view</i>			
Occupation <i>Laundress</i>		Name of Wife or Husband <i>Thomas Terry</i>		Married, Single or Widowed <i>Widow</i>			
Father's Name <i>do your home</i>		Mother's Birthplace <i>do your home</i>		Father's Birthplace <i>do your home</i>		Mother's Birthplace <i>do your home</i>	
Name of person giving information <i>Eileen Mahoney</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(154)

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>One month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. H. H. H.</i>
	Address <i>N. E.</i>



Name  
in  
Full

Mary Edma Hay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Polara</i> Town		<i>Levie</i> County		MARYLAND	
Date of death 190	<i>7</i> Month	<i>8</i> Day	Age <i>86</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Polara</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>no</i>				
Name of Wife or Husband <i>William M. Hay</i>					
Father's Name <i>Joseph Moore</i>			Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Jane Smith</i>			Mother's Birthplace <i>!</i>		
Name of person giving information <i>Martha J. Moore</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary <i>Cattarrh of Bladder</i>	How long <i>about one year</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Peoples</i>
	Address <i>Kirks Mills Pa.</i>
Accident or Suicide?	

27 May

Name  
in  
Full

Addie Pearlina Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Perryville</u> <sup>Town</sup>		<u>Decil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907 Nov</u> <sup>Month</sup>		<u>27</u> <sup>Day</sup>		<u>1</u> <sup>Months</sup> <u>27</u> <sup>Days</sup>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Perryville Md</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Edward Wright</u>		Father's Birthplace <u>La Carolina</u>			
Mother's Maiden Name <u>Josephine Burke</u>		Mother's Birthplace <u>Havre de Grace</u>			
Name of person giving information <u>Josephine Wright</u>		How related to deceased <u>Not</u> <u>Sister</u>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Baby Consumption

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. D. Cannon Sub. Registrar

Correspondent and

(No Physician in attendance)

